Effective October 1, 2000														
والمتحدد							(Column 2) SMAL			MILA -	OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS				19					RATE FEE			RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS				17 mi	nus 20=	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				2 m	inus 3 =	:			X40=		ØЯ	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT									+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								į	TOTAL		OR		טערי	
OLO / CLAIMS AS AMENDED - PART II OTHER THAN											THAN			
2/22/Y+ (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMÀLLI	ENTITY		
AMENDMENT A		REMA	UMS UNING TER OMENT		HIGH NUM PREVIO PAID	8ER	PRESENT EXTRA	•	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 15		Minus ·	-2	\mathfrak{Q}	*	•	X\$ 9=		OR	X\$18=		
	Independent	· <u>)</u>	-	Mirrus	***	<u>). </u>	-		X40=	•	OR	XX2		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								۱.	+135=		OR	戏		
											OR	TOTAL	FA	
7	16004	(Coh	ımn 1)		(Cohr	mn 2) ·	(Column 3)		addit. Fee i	•		ADDIT. FEE	7	
AMENDMENT B		REM	AIMS AINING		HIGH NUM	EST BER	PRESENT	1	RATE	ADDI- TIONAL			ADDI- TIONAL	
			TER DMENT		PAID	FOR	EXTRA		HAIE	FEE		RATE	FEE	
	Total	• 9		Minus	 	<u> </u>	- /		X\$ 9=		OR	X\$18=	/	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus ULTIPLE DE	PENDEN	CLAIM T			X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								٠.	+135=		OR	+270=	· /	
(111104								TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE		
Y	CC.	(Colu	ımn 1)		(Colu	mn 2)	(Column 3)	_					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			NUM	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. (Minus	· ~		- /		X\$ 9=	PES	ΟR	X\$18=	7	
E	Independent	•		Minus	***	3	2]	X40=				/	
4	FIRST PRESE	NTATIC	N OF M	ULTIPLE DE	PENDEN	T CLAIM]	A4V=		OR	X80=	/ -	
	If the eater is eat			ha astri la	hung () seed) mn 1		+135=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.														

FORM PTO-875 (Rax. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000-480-79600103

282

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09851235

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
Γ .,	CTAL OLAMAC	·	(Column	1)	(Colu	ımn 2)	•	TYPE [OR	SMALL	
TOTAL CLAIMS							1	RATE	FEE		RATE	FEE
FC)R	·	NUMBER	FILED	NUMB	BER EXTRA		BASIC FEE	\$375	OR	BASIC FEE	\$750
TC	OTAL CHARGEA	ABLE CLAIMS	mir	nus 20=	*		ļ	X\$ 9=		OR	X\$18=	
 	DEPENDENT CL		minus 3 = *					X42=		OR	X84=	
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT					+140=		OR	+280=	
* If	the difference	e in column 1 is	less than ze	ero, enter	r " 0 " in c	column 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.8	Minus	** 2	0	= 10		X\$ 9=		OR	X\$18=	0
AME	Independent	INT						X42=		OR	X84=	0
	FINOT FILLE	INTATION OF MA	JLTIFLE DE.	'ENULIV.	- CLAIIII			+140=		OR	+280=	
I							L	TOTAL		OR	TOTAL ADDIT. FEE	0)
		(Column 1)		(Colur	mn 2)	(Column 3)	,	DDIT. FEE	· · · · · · · · · · · · · · · · · · ·	1 - /	AUDII. FEL	_ <u></u>
В		CLAIMS REMAINING		HIGH NUMI	EST BER	PRESENT	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ENT		AFTER AMENDMENT		PREVIO PAID		EXTRA		MAIE	FEE		HAIC	FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X42=		OR	X84=	
L	FIRST FRESL	INTATION OF MIC	ETIPLE DEF	CINOCIA	CLAMA			+140=		OR	+280=	
			-				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	•					1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S. S.	Total	 	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	* NTATION OF MU	Minus	***	F CL AINA	=		X42=		OR	X84=	
<u> </u>				2				+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												